

NEW YORK
STATE DEPARTMENT OF HEALTH
ALBANY

SPUTUM EXAMINATION

This blank is to be accurately filled out and returned with the specimen.

Specimen from a case of suspected tuberculosis.

Name of sender,

P. O. Address in full,

Date,

Name of Patient,

Age,

Sex,

Color,

Duration of Disease,

Is this the first specimen examined from this case?

Shall report be sent by mail or telegraph?

Reports sent by telegraph are sent at the expense of those interested.

Return the package to the

Bender Hygienic Laboratory,

Albany, N. Y.

